## State of Montana

## Office of the State Public Defender

## REQUEST FOR PRE-APPROVAL OF CLIENT COSTS

All client costs (including travel) exceeding \$200 per task in each case must be pre-approved by submitting this request form to the appropriate person as follows:

Note: Mental health and investigative services require a different form specific to those services.

- The Regional Deputy Public Defender in cases assigned to an FTE, or a non-conflict case assigned to a contract attorney
- The Conflict Coordinator in cases assigned to conflict attorneys (44 W. Park, Butte MT 59701)
- The Chief Appellate Defender in appellate cases (*P.O. Box 200145*, *Helena MT 59620*)

Requesting Attorney's Name	Date
requesting recomey straine	But
Case Name	OPD Case ID Number
Task Provider's Name	Region Case Originated
Requested Pre-Approval Amount for Task	Requested Pre-Approval Amount for Travel (time & miles
Note: travel reimbursement is paid at the cur	rrent state rate for mileage, lodging and per diem.
Requesting Attorney Signature	Date
Requesting Attorney Signature	Date
The Requesting Attorney must complete approval (see above).	and forward this form to the appropriate person for
Authorized Signature   Approve	☐ Deny Date
exceeding \$200 to the Central Office for requests. The Contract Manager will rev Coordinator will review conflict contrac	ers must submit all pre-approval requests in any amount approval. The Chief Public Defender will review FTE attorney riew non-conflict contract attorney requests. The Conflict attorney requests.  • Central Office Use Only
Conflict Coordinator/Contract Manager/Chi	ef Public Defender Date